## BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number    V   1/2, 143				
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN		
T	OTAL CLAIM	S	1/	11				RATE	FEE	7		
F	OR .	NUMBER FILED		NUMBER EXTRA		<b>!</b>	<del>                                     </del>		$\exists$	RATE	FEE	
TO	OTAL CHARGE	// minus 20=		* -0		-	_	€ 385.0	HOH	BASIC FE	770.00	
ž	DEPENDENT (	, minus 3 =		* 8		l ⊢	X\$ 9=	<del> </del>			<del> </del>	
М	JLTIPLE DEPE	RESENT				-	X43=	-	OR	X86=	<del> </del>	
* 1	the differenc	less than zero, enter "0" in column 2				֓֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֡֓֓֓֓֡֓֓֡֡֓֓֡֡֡֡	+145=		OR	+290=		
	the direction						OTAL	3.83	OR	TOTAL		
	10/13/04	(Column 1)	AMENDE	MENDED - PART II  (Column 2) (Column 3)				MALL	ENTITY	OR	OTHEF SMALL	THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 0	Minus	** 2	U	=0	×	(\$ 9=		OR	X\$18=	
AME	Independent	ENTATION OF M	Minus	***	3	=0	X43=	(43=		OR	X86=	
	T WIST THESI	ENTATION OF W	OCHIPLE DE	PENDENT	CLAIM	<u>^                                    </u>	-	145=		OR	+290=	
							422	TOTAL		OR	TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	AUU	IT. FEE		,	ADDIT. FEE	<del></del>
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	•	Minus	dra .		=	X	\$9≈		OR	X\$18=	
AME	Independent	NTATION OF ML	Minus	***	21 0114	-	×	43=		OR	X86=	
		- VIVIII OF THE	CHI CE DEF	ENDENT	CAIM		+1	45=	·	OR	+290=	
								TOTAL T. FEE		OR	TOTAL DOIT, FEE	
		(Column 1)		(Column		(Column 3)			,			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	RA	VTE	ADDI- TIONAL FEE	ſ	RATE	ADDI- TIONAL FEE
֪֞֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Total	*	Minus	drik .		=	XS	9=		٦t	X\$18=	, but ha
E L	ndependent	i	Minus	***		= 1	-			OR		
	FIRST PRESE	VTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		X4	3=		OR	X86=	
• H1	the entry in colum	nn 1 is less than th	entry in colum	nn 2 write to	' in cot-	mo 3	+14			OR	+290=	
	the "Highest Nurr the "Highest Nurr	nber Previously Pain nber Previously Pain per Previously Paid	d For IN THIS d For IN THIS	SPACE is le	es than	20, enter *20.*	ADDIT.				TOTAL DDIT. FEE	

## This Page is Inserted by IFW Indexing and Scanning Operations and is not part of the Official Record

## **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:				
☐ BLACK BORDERS				
☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES				
FADED TEXT OR DRAWING				
☐ BLURRED OR ILLEGIBLE TEXT OR DRAWING				
☐ SKEWED/SLANTED IMAGES				
COLOR OR BLACK AND WHITE PHOTOGRAPHS				
☐ GRAY SCALE DOCUMENTS				
☐ LINES OR MARKS ON ORIGINAL DOCUMENT				
☐ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY				
Потигр				

## IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.